



**Enclose a self-addressed, stamped envelope**

<input type="checkbox"/> <b>Recertification - \$87*</b> <input type="checkbox"/> Current with L.A. County EMS <input type="checkbox"/> Lapse < 12 months with L.A. County EMS	<input type="checkbox"/> <b>Recertification - \$125*</b> <input type="checkbox"/> Current Certification with other CA Certifying Entity <input type="checkbox"/> Lapse < 12 months with other CA Certifying Entity <input type="checkbox"/> Lapse ≥ 12 and < 24 months with any CA Certification	<b>Mail application and required documents to:</b> Los Angeles County EMS Agency Office of Certification 10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670
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\* The non-refundable fee must accompany this application. Check or Money Order made payable to "Los Angeles County DHS."  
 The County charge will be imposed on all checks returned for non-sufficient funds. Do not send cash.

## PERSONAL INFORMATION

Legal Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Last First M.I.  
 Address \_\_\_\_\_ Birth Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Home)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ - \_\_\_\_\_ e-mail \_\_\_\_\_

## EMPLOYER

I am currently employed as an EMT Company	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, complete company and contact information below		
			Contact	Phone	-
					-

**NOTE: Change of name, contact information, and/or employer must be submitted in writing to the EMS Agency within 30 days of change**

## REQUIREMENTS

***All documents must be current and applicant shall provide front and back copies of all documents***

☐ CA EMT Certification Card  
☐ Government Issued Identification                      Driver License, Passport, or California I.D.  
☐ Skills Competency Verification (EMSA SCV Form)                      Must be completed by an approved provider in current certification cycle or within 1 yr for lapse  $\geq 12$  months  
☐ BLS for the Healthcare Provider Card                      BLS must be valid a minimum of 3 months beyond EMT recertification date. Online programs are NOT accepted.  
☐ L.A. County EMT Scope of Practice Certificate  
☐ EMS Continuing Education (CE) Certificates                      CE must be completed during current certification cycle or within previous 24 months of this application for lapse. No more than 8 hours per day issued from an approved EMS CE or CECBEMS Provider.

☐ 24 hours (current or lapse < 6 months)                      ☐ 36 hours (lapse  $\geq 6$  months and < 12 months)                      ☐ 48 hours (lapse of  $\geq 12$  months and < 24 months)

**Additional Requirements – if applicable**

<input type="checkbox"/> Live Scan	CA Certification issued by another entity/agency or lapse $\geq 12$ months and $< 24$ months
<input type="checkbox"/> NREMT Written Exam Pass Letter	CA Certification lapse $\geq 12$ months and $< 24$ months

## BACKGROUND DISCLOSURE

▶ Have you ever been arrested or convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere (no contest) or any conviction which has been sealed or expunged (set aside) under Penal Code Section 1203.4? ☐ Yes ☐ No

► Are there any criminal charges pending against you? ☐ Yes ☐ No

If you answered yes to either of the above questions, attach a detailed written statement, signed and dated, describing the crime(s), date, location, court, sentence served, and parole, if any. Attach copies of all related records, court documents and police reports.

▶ Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked, or placed on probation, or are you under investigation at this time? ☐ Yes ☐ No

If you answered yes, attach a detailed written statement, signed and dated, describing the investigation, action, any corrective action, and/or remediation as a result of the action.

☐ I have previously submitted all required documentation for any question marked yes in background disclosure to Los Angeles County EMS Agency

I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to EMT certification in the State of California. I understand all information on this application is subject to verification and I hereby give my express permission for Los Angeles County EMS Agency to contact any person or agency for information related to my application or role and function as an EMT in California.

**Signature** **Date**

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**DO NOT WRITE BELOW THIS LINE**

(For EMS Agency Use Only)

Application Documents	Application Fee	DOJ/FBI Report/Status	Certification Status
<input type="checkbox"/> Application Complete <input type="checkbox"/> CA Cert <input type="checkbox"/> LA <input type="checkbox"/> OT <input type="checkbox"/> Government Photo ID <input type="checkbox"/> Skills Verification <input type="checkbox"/> BLS for HCP <input type="checkbox"/> LA County EMT Scope <input type="checkbox"/> CE: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 If Applicable <input type="checkbox"/> Live Scan <input type="checkbox"/> NREMT Exam Letter	Type : <input type="checkbox"/> CA <input type="checkbox"/> CH  CH # _____  Date ____/____/____  Amount Received \$ _____  DR # _____  Received by _____	<input type="checkbox"/> DOJ Report Status <input type="checkbox"/> Clear <input type="checkbox"/> Delay <input type="checkbox"/> + CORI  <input type="checkbox"/> FBI Report Status <input type="checkbox"/> Clear <input type="checkbox"/> Delay <input type="checkbox"/> + CORI  <input type="checkbox"/> Written Statement  <input type="checkbox"/> Background Documents  <input type="checkbox"/> EMS Clearance by _____  Date ____/____/____	Application Status: <input type="checkbox"/> Approve <input type="checkbox"/> Revoke <input type="checkbox"/> Probation  Date ____/____/____ by ____  CA Certification # _____  Effective Date ____/____/____  Expiration Date ____/____/____  Data Input: <input type="checkbox"/> PEPSI   by ____ <input type="checkbox"/> Central Registry by ____  Certification Mailed ____/____/____